

**DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION
7500 SECURITY BOULEVARD
BALTIMORE, MD 21244-1850**

JAN 13 1991

Mr. William T. Ryan
Deputy Director
Office of Medicaid
Ohio Department of Human Services
30 East Broad Street
Columbus, Ohio 43266-0423

Dear Mr. Ryan:

I *am* pleased to inform you that your request for a new home and community-based services waiver, targeting persons who are mentally retarded or developmentally disabled residing in a residential care facility, as authorized under section 1915(c) of the Social Security Act, has been approved.

Specifically, this waiver will provide homemaker/personal care services, specialized medical equipment and supplies, and supported employment services to individuals age 18 and over who qualify' for intermediate care facility services for the mentally retarded. This waiver has been given Health Care Financing Administration control number 0291, which should be used in all future correspondence dealing with this waiver program.

Based on the assurances and additional information you provided on October 10, and December 12, 1996, January 10, and 13, 1997, I approve the waiver request cited above for a 3-year period effective July 1, 1997. With a satisfactory showing, the waiver may be renewed at the end of the 3-year period. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved.

Year	Unduplicated Recipients	Factor D
1	3,434	\$19,130
2	3,434	\$33,117
3	3,434	\$34,530

This approval is subject to your agreement to serve no more individuals than those indicated above.

We appreciate the cooperation provided by you and your staff

Sincerely yours,

Acting Director
Medicaid Bureau

cc:

Chicago Regional Office
Becky Selig